

REFUGEE AND MIGRANT DEATHS IN THE MEDITERRANEAN SEA

Mr. CARDIN. Mr. President, I wish to discuss an enormous human tragedy: another boat carrying desperate refugees and migrants capsized in the Mediterranean Sea and, in this most recent instance, over 850 men, women, and children have died. It is profoundly heartwrenching to view the anguished images of innocent refugees and migrants, men and women, old and young, who embarked on this desperate journey bound for a more hopeful future, but which instead ended in death on the Mediterranean Sea for so many people.

In 2014, we know that well over 218,000 refugees and migrants crossed the Mediterranean Sea, many fleeing violence, conflict, and persecution in Syria, Iraq, Eritrea and elsewhere, traveling on overcrowded and unseaworthy boats. Last year, over 3,500 women, men, and children died or went missing in their desperate attempts to reach Europe. According to the International Organization on Migration, IOM, this year's death toll in the Mediterranean Sea is believed to have surpassed 1,750 victims already—a drastic spike when compared to the same period last year. During the first 3 weeks of April alone, more than 11,000 people have been rescued.

This is a journey of unimaginable peril, and only the most despairing families with nothing to lose would sacrifice their lives in the hopes that this voyage will deliver an escape from misery. From Syria to Iraq, from South Sudan to Yemen, multiplying conflicts, gross human rights violations, statelessness, the effects of climate change, and food and water insecurity are all contributing to millions of people being forced from their homes in search of safety and survival.

The international community is witnessing the enormous costs of unending wars and the failure to resolve or prevent conflict. The number of refugees, asylum-seekers and internally displaced people worldwide has, for the first time in the post-World War II era, exceeded 50 million people, according to the United Nations High Commission on Refugees, UNHCR.

This massive increase is largely driven by the war in Syria, which is now in its fifth year. The Assad regime's ruthless attacks on Syrian civilians—compounded by horrific violence by armed extremists—has led to Syria's disintegration and massive internal and external displacement of its people.

Europe, facing conflicts to its south in Libya, east in Ukraine, and south-east in Syria, Iraq and the Horn of Africa, is currently seeing the largest numbers of refugees and migrants arriving by boat across the Mediterranean. To confront this enormous challenge, European Council President Donald Tusk called on member states on Monday, April 20, to meet their funding commitments for Trident, the European Union's, EU, naval operation

in the Mediterranean. EU leaders also agreed to meet on Thursday, April 23, to consider increasing resources for rescue operations and the 10-point action plan on migration proposed by the Joint Foreign Affairs and Home Council.

The proposed plan would alleviate pressure on the member states receiving the majority of those rescued and also aims to combat trafficking and smuggling.

The EU's proposed 10-point plan is an important first step, but a bold and comprehensive response is urgently needed. First, rescue at sea is and should be the top priority. It is a moral imperative based on European values, as well as a fundamental principle of maritime law. A robust search and rescue operation, comparable to Mare Nostrum, that focuses on saving lives must be reinstated. While the reinforcement of the Joint Operations in the Mediterranean is welcomed, border surveillance operations are not an answer to this crisis.

Second, there needs to be a credible and firm commitment from countries both in Europe and across the globe to resettle significant numbers of refugees. Moreover, efforts to encourage legal alternatives to such dangerous voyages must be pursued. These include enhanced family reunification, private sponsorship programs, and study and labor migration programs for people in need of international protection.

Finally, I urge the U.S. Government to provide robust assistance, and to work closely with our European partners, so that we might all rise to the demands presented by this humanitarian crisis and commit to the measures needed to prevent tragedies such as the drowning deaths of 850 men, women, and children off the coast of Libya this past weekend.

NATIONAL MINORITY HEALTH MONTH

Mr. CARDIN. Mr. President, I wish to ask my colleagues to join me in recognizing April as National Minority Health Month. 2015 marks the 30th anniversary of this event, which provides us with an opportunity to celebrate the progress we have made in addressing minority health issues and health disparities in our country and to renew our commitment to continue this critically important work.

Minorities now make up more than 35 percent of the American population and that number is expected to rise in the future. However, study after study has shown that minorities, especially African Americans and Latinos, continue to face significant health disparities in diseases such as diabetes, HIV/AIDS, and asthma.

Currently, over 26 million Americans suffer from diabetes. But African Americans are twice as likely to be diagnosed with, and to die from, diabetes compared to non-Hispanic whites. Afri-

can Americans are also more than 2½ times more likely to suffer from diabetes-related end-stage renal disease than non-Hispanic whites, and are more likely to have other complications, such as lower extremity amputations.

Obesity, which increases the risk of developing diabetes, is also more prevalent in minority communities. Nearly 4 out of 5 African-American women are overweight or obese, as well as 78 percent of Hispanic men. It is no coincidence that, nationwide, 27.2 percent of African Americans and 23.5 percent of Latinos lived below the Federal poverty line in 2013. Limited means and the lack of access to fresh fruits and vegetables in "food deserts" prevent many people from accessing the nutrition they need to lead healthy lives.

Those living in impoverished areas are also much more likely to be exposed to polluted air, which exacerbates respiratory conditions like asthma. According to the Department of Health and Human Services, in 2012, African Americans were 20 percent more likely to have asthma versus non-Hispanic whites.

HIV and AIDS, which are especially prevalent in low-income neighborhoods with widespread drug use, continue to devastate minorities across the country. African American women are 23 times more likely to have AIDS than their white counterparts and Hispanic women are four times more likely to be infected. In Maryland, African Americans are diagnosed with HIV at more than 10 times the rate of white Marylanders.

The role that access to resources, proper nutrition, and clean air plays in our well-being cannot be overstated. According to a 2012 report about Baltimore neighborhoods from the Joint Center for Political and Economic Studies, those living in higher-income parts of the city live, on average, nearly 30 years longer than their neighbors in impoverished areas.

Fortunately, thanks to the Affordable Care Act, ACA, we have recently made health coverage more accessible and affordable than it has been in decades. By reducing the number of uninsured Americans across the country, the ACA is working to address health inequalities. Between 2013 and 2014, the percentage of uninsured Latinos dropped by 7.7 percent, and the percentage of uninsured African Americans fell by 6.8 percent.

Also, as a result of the ACA, increased funding is available for community health clinics. Mr. President, 300,000 Marylanders, including more than 140,000 African Americans and 38,000 Latinos, are served by these clinics.

Under the ACA, preventive services, which are critical to the early detection and treatment of many diseases that disproportionately affect minorities, are now free for 76 million Americans, including 1.5 million Marylanders.

In 2011, African American women in Maryland died from cervical cancer at